

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/10/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910781	(X3) DATE SURVEY COMPLETED 04/27/2019
NAME OF PROVIDER OR SUPPLIER TYRONE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2192 74TH STREET, NORTH SAINT PETERSBURG, FL 33710	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A monitoring visit was conducted at Tyrone Manor on 4/27/19.		